Department of Neurology
Division of Neuropsychology
8701 Watertown Plank Road, Milwaukee 53226
414-955-0660 Phone
414-955-0076 Fax

knowledge changing life

Sara Swanson, Ph.D., Division Chief
Amy Heffelfinger, Ph.D., Section Head

Joseph Amaral, Ph.D.
Julie Bobholz, Ph.D.
Benjamin Brett, Ph.D.
Alissa Butts, Ph.D.
Christy Casnar, Ph.D.
Lisa Conant, Ph.D.
Julie Janecek, Ph.D.
Jennifer Koop, Ph.D.
Michelle Loman, Ph.D.
Michael McCrea, Ph.D.
Lindsay Nelson, Ph.D.
Sara Pillay, Ph.D.
Laura Umfleet, Psy.D.
Elisabeth Vogt, Ph.D.

2 marked paragraphs explain it.
Page 1 - 3

CONFIDENTIAL

NEUROPSYCHOLOGICAL EVALUATION

NAME: [redacted]
MRN: 00606171

DATE OF BIRTH: [redacted]
DATE OF EVALUATION: 09/15/2020; 10/9/2020

REFERRAL INFORMATION: [redacted] is a 57-year-old, right-handed, Caucasian man who was referred by his primary care physician, [redacted], for a neuropsychological evaluation due to concerns regarding memory loss. The current evaluation consisted of a clinical interview with the patient via telehealth, review of available medical records, and administration of a battery of neuropsychological tests.

PRESENTING COGNITIVE AND BEHAVIORAL CONCERNS: The patient reported having problems with memory and language. Although the patient tries to write notes to compensate for his poor memory, it usually does not help him because he either forgets to write the note all together or he does not understand what he had written. He also endorsed difficulties with word-finding, expressing his thoughts, spelling, and understanding others. He explained that when others talk it sometimes sounds like "gibberish," though he does not believe this to be a hearing issue as he recently had a hearing exam which was said to be normal. He also reported that he often says the opposite word of what he meant (says hot instead of cold). He reported mild concerns regarding visuospatial functioning, indicating that he often cannot see items that are right in front him. Emotionally, the patient has longstanding symptoms of depression, but has recently experienced some mild improvement in his mood since he started psychotherapy with his new psychologist. No other neurocognitive difficulties were reported, nor any marked changes or concerns in his personality or sensory/motor functions.

Onset/course: The patient stated that his cognitive difficulties started about 10 years ago after making a major career change and the course is described a fluctuating. He noted that he started to struggle with his mental health during this time as well.

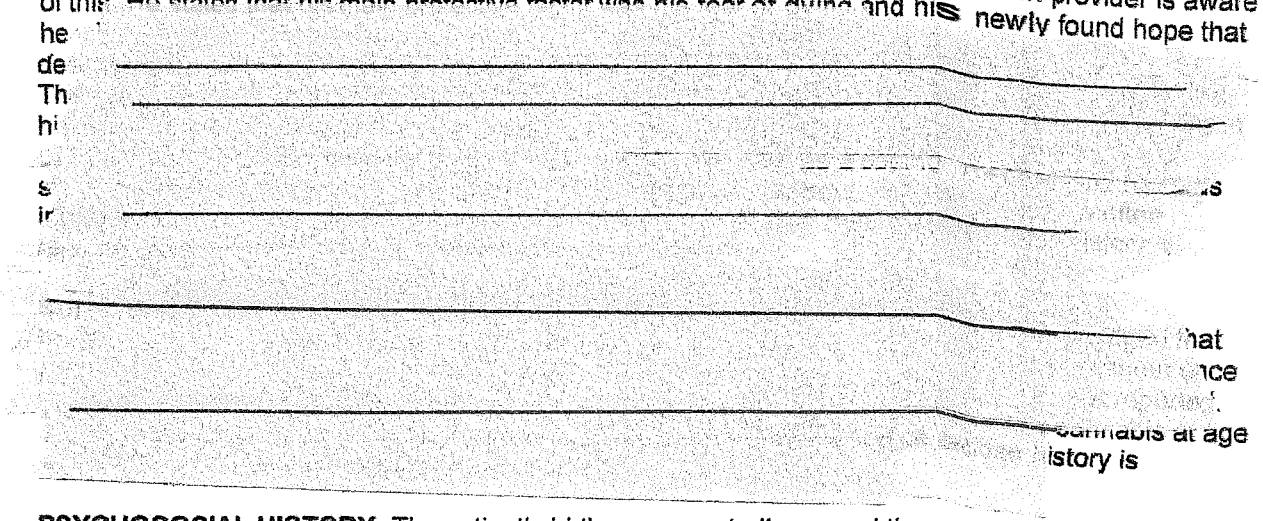
ADLs: The patient reported no problems independently completing all basic and instrumental ADLs. He acknowledged that he forgets to take his medication about once per month but otherwise has no

Family History

Problem	Relation
• *Hypertension*	Father
• Cardiovascular disease	Father

REVIEW OF SELECT PHYSICAL SYSTEMS: Sleep was reported to be good, obtaining about 8-9 hours of sleep per night. He has a history of OSA and stated that he does not use his CPAP. Appetite is "fair," and he has intentionally lost about 18 *pounds over the last* few months. *Patient* also has a history of chronic pain, indicating that he gets headaches daily that last for several hours.

PSYCHIATRIC HISTORY: According to medical records, the patient has a history of depression, anxiety, bipolar disorder, and dissociative disorder. He is receiving both psychiatric pharmacotherapy and psychotherapy intervention. The patient stated that he has struggled with anxiety since childhood, but his mental health significantly deteriorated about 10 years ago after a major career change. Since then, he described having 3 "suicidal depressions" one of which included a plan. He reported no history of suicide attempt or psychiatric hospitalization, though stated that he likely should have been hospitalized. He endorsed having current passive suicidal ideation, but adamantly denied any plan or intent and stated that his mental health provider is aware of this. He stated that his main protective factor was his fear of dying and his newly found hope that



PSYCHOSOCIAL HISTORY: The patient's birth was reportedly normal though development was slower. He was not able to provide specifics about what aspects of his development were slowing but stated that he could not keep up with his same-aged peers. He was born and raised in Milwaukee, Wisconsin; the 4th of 8 children. He reported a childhood history of physical and sexual abuse by his father. English is his first and only fluent language.

should be interpreted with a certain degree of caution (given possible negative impression management), he is reporting a very high degree of depressive symptomatology as well as anxiety related disorders, somatic concern, and suicidal thoughts. Some of these problems *date to childhood when he was a victim of severe trauma. He reported a worsening of* his cognitive functioning 10 years ago coincident with a career change and worsening in his psychiatric state which is another indicator that there is a psychiatric underpinning for his cognitive concerns.

- In summary, [redacted] urocognitive complaints and some of the variable findings on *testing are to be due to his psychiatric state, chronic pain, and sleep apnea. Individuals with* similar issues often report varying problems with attention and memory over the course of the day/week, commonly due to fatigue, intrusive thoughts, and ruminations characteristic of such disorders. In any case, [redacted]'s symptoms depression and related neurocognitive difficulties are of sufficient severity that they may indeed hinder his day-to-day functioning to some extent. This would be consistent with his report of fluctuating decline since 2010 as it *relates to social and occupational functioning, while denying any other significant difficulties* with regard to completing complex IADLs independently.

RECOMMENDATIONS:

1. Sleep apnea will produce mild attention and processing difficulties that may impact initial new learning. Thus, it is strongly recommended [redacted] his CPAP as prescribed. More information from his provider regarding the [redacted] of sleep apnea on cognition may be beneficial, as studies have shown cognitive decline with ongoing apnea.

2. Strongly recommend th[redacted] continue to receive psychiatric and psychotherapy interventions to address his severe symptoms of depression.

3. Consultation with headache specialists in neurology could be considered if headaches are intractable in addition to improved sleep and improved coping and mood.

[redacted]s encouraged to pursue healthy behaviors, including proper nutrition, regular exercise, and adequate sleep, in accordance with his physician's medical advice as these are shown to improve brain health with age.

[redacted] attentional problems are secondary to his psychiatric state. Although he does not meet criteria for ADHD, he may benefit from behavioral strategies that are often recommended to persons who have ADHD given (Taking Charge of Adult ADHD, by Russell A. Barkley; Mastering Your Adult ADHD: A Cognitive-Behavioral Treatment Program Client Work Book (Treatments that Work) by Steven A. Safren, Susan Sprich, Carol A. Perlman, & Michael W. Otto)

[redacted], PsyD
Neuropsychology Fellow
Department of Neurology (Neuropsychology)

[redacted], PhD, ABPP-CN
Board Certified Clinical Neuropsychologist
Professor of Neurology (Neuropsychology)